Title:

What women want: Women's health in Rural and Regional Australia – insights from an interprofessional research collaboration between academic researchers, nursing clinicians, and industry professionals.

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Terminology

In this study, Aboriginal Peoples respectfully encompass the diversity of Aboriginal and Torres Strait Islander cultures and identities in Australia. See recommendations for language use by Reconciliation Australia (Reconciliation Australia, 2021).

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Nina Sivertsen, Wendy Abigail, Matthew Tieu, Maree Eastman, Wendy Thomson, Helen Tonkin and Christine McCloud declare that they have no conflict of interest.

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ABSTRACT

The aim of this study was to a) investigate community women's knowledge and experiences of women's health community services in northern rural and regional New South Wales, Australia; b) identify any existing gaps in community women's health programs in this region; and c) to contribute to service provision, strategic planning, and industry professional development of community nurse researchers in collaboration with industry.

The research took place in Northern New South Wales Local Health District (NNSWLHD) Australia, which is comprised of Tweed/Byron, Richmond, and Clarence Health Service Groups, during May to September 2019. Participants comprised 13 women's health service clients over the age of 18 years and less than 74 years, attending health services clinics within NNSWLHD. The research was undertaken as a partnership between three senior healthcare professionals (Clinical Nurse Consultants), one from each Health Service Group, and academic researchers, who provided the key senior healthcare professionals with research training and guidance.

Key themes related to primary healthcare experiences and needs of women living in NNSWLHD, and the quality of women's primary healthcare services in that region.

Thematic analysis revealed four key themes and several sub-themes. These were 1) Knowledge and Awareness of Services; 2) Barriers to Access; 3) Personal Issues; and 4) A Need for Women-Centred Care. The major issues women experienced were deficits in services, lengthy wait times and poor access. Additional funding is necessary to uphold community women's health nurse positions in rural health to improve women's health outcomes in these locations.

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KEY WORDS

Women's Health; Rural Health Services; Community Health Centres; Women's health nurses; Health Policy; Community nurse researchers.

WHAT IS KNOWN ABOUT THIS TOPIC

- Women in rural areas of Australia face inadequate, inaccessible, and poorer women's healthcare than urban women.
- Community women's health nurses positively contribute to women's health in rural and regional areas.

- Nursing research has a tremendous influence on current and future professional nursing practice.

WHAT THIS PAPER ADDS

- Women in rural and regional areas of Australia call for better access, more awareness of women specific services and that health services listen to what kind of services women want.
- Registered nurses in Australia are required to engage in research in their clinical roles but need skills training and ongoing support.
- Community nurses are well placed to structure studies and collect evidence that potentially leads to better care.

MAIN TEXT

Introduction

In Australia, women's healthcare needs encompass a broad range of issues including menstrual issues, contraception, screenings (e.g. sexually transmitted infections, breast examination, cervical, pregnancy), sexual and reproductive health, family violence, mental health, continence, menopause and relationship and lifestyle counselling. Women's health services are provided to women from the age of ten years and include vulnerable and disadvantaged groups such as culturally and linguistically diverse women, LGBTIQ+ women, Aboriginal women, homeless women and those living in isolated areas (rural, regional and remote locations). Approximately 39% of women live in inner regional, outer region, remote and very remote areas of Australia (Australian Institute of Health and Welfare [AIHW], 2019).

Rural and regional women in Australia have been shown to have the poorest health outcomes compared to those living in urban areas. According to the National Women's Health Strategy 2020-2030 (Australian Government Department of Health, 2018), women in rural and remote areas of Australia face inadequate, inaccessible, and poorer women's healthcare than urban women. This national strategy lists maternal, sexual and reproductive health, healthy ageing, chronic conditions and preventive health, mental health, and health impacts of violence against women and girls as the top priority areas for women in Australia (Australian Government Department of Health, 2018).

These inter-related priority areas aim to achieve an overall reduction in the burden and impact of poor health by taking actions that include improving access to healthcare, education, collaboration, empowering women to manage their own healthcare needs, research, and policy development (Australian Government Department of Health, 2018).

It is well recognised that having quality evidence-based information is vital for health policy and practice in Australia (Banks, 2009; Cairney & Oliver, 2017). This is seen by the commitment of the Australian government in 2015 to develop Primary Health Networks that align with Local Hospital Networks, where the focus of healthcare provision includes understanding the needs of local communities and using best practice research (Department of Health, 2019). In NSW, the primary health services are referred to as Local Health Districts.

Important gaps in best practice research exist, which reduce the overall power of such information to improve women's health outcomes (NSW Government, 2018). The achievement of these targets will support women's personal health, as well as the health of their families, communities and the opportunities for women to engage in society to their highest potential (NSW Government, 2018).

To this end, we conducted an exploratory descriptive qualitative research project to identify women's experiences of service utilisation in the rural and regional area of the Northern New South Wales Local Health District (NNSWLHD). The purpose of the research was to identify any service provision gap/s as well as to contribute rigorous evidence to support service changes or improvements in practice and to guide policy and program development in NSW as well as other rural and regional areas across Australia with similar population groups.

Another purpose of the research project was to foster collaborative nursing research across the tertiary and secondary healthcare systems. There is a robust body of literature reporting the barriers to research utilisation amongst nurses (Hendricks & Cope, 2017; Retsas, 2000, Yates et al., 2002). These barriers include poor research skills, lack of understanding of critical appraisal, lack of time to access research and lack of training in undertaking research (Al-Yateem et al., 2019; Hutchinson and Johnston, 2004; Siedlecki & Albert, 2017; Yates et al., 2002). The primary role of clinical nurses is direct care. Consequently, time for activities associated with improving care, such as keeping up-to-date with literature or implementing findings from research is extremely limited (Al-Yateem et al., 2019; Hendricks & Cope, 2017; Siedlecki & Albert, 2017; Retsas, 2000; Upton, 1999). Furthermore, nurses have identified a lack of resources and infrastructure to support evidence-based nursing, in particular a lack of appropriate education and training, and collaborations with research institutions (Brown and Sorrell, 2009; Cato et al., 2019; Strickland, 2017). It is widely acknowledged that research skill and capacity for nurses is essential for best clinical practice and thus ought to be part of ongoing professional development (Chan et al., 2010; Eckardt et al., 2017). Additionally, there are specific requirements in Australia for all registered nurses to undertake research; the Registered Nurses Standards for Practice outlines that nurses must contribute to quality improvement and relevant research (Nursing and Midwifery Board of Australia [NMBA], 2016, Standard 1.7). To this end, a collaborative partnership between academic researchers, nursing clinicians and industry

professionals for the purposes of the present study also provides an opportunity for relevant industry professional development.

Methods

Design and Setting

An exploratory descriptive qualitative research project was conducted to investigate women's knowledge and experiences of women's health community services in NSW. Primary data was obtained through semi-structured interviews with clients of women's health services from the NNSWLHD, which is comprised of three clinical "Health Service Groups" or "Networks" (Tweed/Bryon, Richmond, and Clarence). All women attending the services were exposed to posters and flyers in the reception area (approximately 600 during the data collection period, May to September 2019). Women were not directly approached.

Recruitment and information to potential participants were provided by key senior healthcare professionals (Clinical Nurse Consultants), each with over 20 years of clinical experience, and each representing one of the three Health Service Groups in the NNSWLHD. To uphold confidentiality, minimise coercion, conflict, or confusion between roles as clinical researchers and healthcare professionals, the Clinical Nurse Consultants recruited and communicated with women from Health Service Groups other than their own. Academic researchers provided the clinical researchers with training and guidance for ethics and funding applications, preparing, and distributing recruitment materials and obtaining consent, as well as conducting data analysis.

Interview participants consisted of women's health service clients in the NNSWLHD, who were over the age of 18 years and less than 74 years. Interview questions are described in Table 2.

Overall, this design is methodologically significant and innovative in that it consists of a collaborative approach between researchers, senior healthcare professionals, and industry service partners (i.e., the Community Health Centres within the NNSWLHD and the Australian Women's Health Nurse Association).

Data Analysis

Data from recorded interviews were de-identified, transcribed, coded and analysed using Braun and Clark's six-step process to identify themes and sub-themes (Braun & Clarke, 2012) utilising NVivo™ software (QSR International, 2020). Practically, a descriptive level of coding, where reading through qualitative data and providing descriptive codes according to patterns, was completed by academic researchers. The second stage interpretive process was completed as a team with both academic and clinical researchers. Data were explored and interpreted more in-depth, refining the meaning of codes into concepts and categorised into main themes that described the participant's perceptions of women's health needs, health services and health promotion programs and highlighting any gaps that may exist.

Recruitment and Ethics

Participants were recruited at various Community Health Centres via posters and flyers in reception areas. If interested, they were provided with an introduction letter, information sheet, and consent

form at reception to register their interest, and a clinical researcher then contacted potential participants. Participation was voluntary, anonymity was ensured, and written informed consent was obtained from all participants. Clinical Nurse Consultants were recruited through the Australian Women's Health Nurse Association (AWHNA Inc).

Ethics approval for this study was obtained from the Flinders University Social and Behavioural Research Ethics Committee (Project number: SBREC HO-00206) and the North Coast NSW Human Research Ethics Committee (Application ID: LNR209/2018/ETH00155).

Findings

This research comprises voices of thirteen participants. Thematic analysis of the interview data revealed four overarching themes and several key sub-themes (Table 1), which provide insight into the ongoing challenges that women living in northern rural and regional NSW face, particularly in relation to their specific healthcare needs, and their knowledge and experience of women's health services in the region.

Theme 1: "I do not think enough women know about the women's health services" – Knowledge and Awareness of Services

An important theme that emerged from participant responses was "Knowledge and Awareness of Services", which denotes respectively, participants' understanding of the services they required and the level of awareness they have of the services that are available. Participants had a good understanding of the former but not of the latter. Several key sub-themes emerge from this general theme (Table 1).

The responses indicate that participants had good understanding of their own healthcare needs, and for some participants, those needs were well met by services available which also provided them with relevant education (though the precise nature of this education was not described). Participants said "they [services] do meet my needs, and it would be frightening if they weren't maintained or thought necessary" and "I know that they offer a range of… education for all matters".

Participants generally understood and recognised the broad range of needs that women had, such as breast screening, gynaecological, and mental health services, which emerged as a key sub-theme. Many participants described mental health as significant issue for women with participants saying that "anxiety is a big thing, we have dealt with a lot of women. Some depression" and "I have prevented a friend from suicide, that is a really big issue, so, mental illness needs to be tapped into…".

A key sub-theme was the lack of awareness of services offered, which is also linked to the related sub-theme of the lack of promotion of services. Participants identified a "lack of information" around services offered, and that "more people should be informed that they exist", and another said "I do not think enough women know about the services." Some participants pointed out that women had to make direct inquiries with relevant people in order to find out about services

available, for example, “you could approach the clinic nurse at the hospital and they would advise you where to go”.

Related to this was the sub-theme of lack of promotion of services. Some participants mentioned that they had noticed relevant advertising, for example, “posters and things in GP clinics and community centres”, but the overwhelming response from participants was that there was not enough promotion of services: “I’ve never seen anything in the papers or leaflets in your letterbox”, and “I have not seen anything in any of our local papers or brochures or around town”. A lack of promotion is also linked to a lack of awareness of services available and this was pointed out by several participants, for example “I really don't think there's enough information in our community out there so women can access or to realise what's available”.

Some participants highlighted that women were not aware of health services other than what is provided by their general practitioner (GP), particularly those provided by women’s health nurses and community health centres: “I don’t think there is enough information out to say this is what the women’s health nurse does…have you been to see one or do you realise you get to see one.” Another stated “I’d never seen a women’s health specialist. I’m a nurse, and I didn’t know that these things were available”. This is linked to the observation that women primarily relied on their GP for health services. For example, participants stated that “they have gone to their GP and that's it” and “if I didn't work in the health system, I probably wouldn't know about those services. I just rely on the doctor”. Regarding the need to raise awareness, one participant said that doctors “could do a lot more to spread the word to community”.

Theme 2: “Outside of metropolitan areas, the rest of us don't matter” - Barriers to Access

This theme captures several key sub-themes, including, cost of health services, distance to travel, insufficient staff, limited availability of services (service times and waiting times), lack of GP referrals, small town issues, and transport issues.

Costs of health services (and associated costs of transport to receive health services) emerged from the responses, and some participants highlighted that lack of “bulk-billing” (where health service providers do not charge clients directly and instead bill Medicare, which is Australia’s universal health insurance scheme). However, most participants focused on transport related costs. One participant said, “they have got to also pay for the petrol to get there or pay a neighbour to drive them”. Such costs arise due to the distance they are required to travel to access relevant services, which was also another key sub-theme to emerge: “it's a full day out of your week if you want to go and access those services”.

Participants said that some specialist services were available for women, with which they were generally satisfied (such as maternity care, gynaecological services, and breast screening). Many participants had positive experiences with community health clinics and women’s health nurses. One participant said, “the community health nurses, you know, they are just fantastic”. Several participants also referred to the existence of a mobile van service for breast screening which services

a range of regions and townships in the area. However, one participant stated that some women had difficulty accessing the services, due to it being booked out or unavailable when required – "I have been trying for 10 years to get it back to […] because I have got over 30 women in just the community that need screens and the bus only comes here to […] for a few days and it's usually booked out."

Where participants referred to a lack of services, many attributed it to insufficient staff, which emerges as a key sub-theme. Regarding women's specialist healthcare services, participants said, "those that we have are well and truly overbooked, so, it's a long wait list to get into a specialists service", "there is lack of services now because the person that was here has gone and there's currently no one filling that position", and "the nurse isn't there often enough to cope with the number of women in my area". Many participants also reported long waiting times for health services, for example, "I've had to wait at least two or three months to get into the nurse to have a Pap smear" and "It's taken a couple of months to get an appointment in another adjoining town."

An interesting sub-theme that emerges in the context of barriers to access, but also one that cuts across other themes is the relationship that GPs have with community health services, wherein GPs can be more proactive in referring their patients to community health services. For example, one participant stated "I feel that most GP services don't seem to have a good working relationship with the local community service… I've never been referred to it", and another said, "I think you really have to push that with a lot of the doctor's surgeries".

Not surprisingly, barriers to access due to remoteness of location ("small town issues") emerged as a key sub-theme, which is also linked to the sub-theme of lack of services and transport issues. One participant said that people living in certain areas "have got access to lots of different specialists but in our area people do not". Another stated "there isn't a clinic here in my town, so I have to drive an hour and a half to go there", which was a point reiterated by other participants who stated "we are sort of isolated and we do not have access and people have to drive hours" and "it makes you feel that outside of metropolitan areas the rest of us don't matter".

The lack of public transport was a key sub-theme with most participants pointing out that there was very little public transport in their area, and where there was public transport available (such as trains and buses), it was limited to a small range of destinations. Therefore, most participants said that people had to rely on their own private transport arrangements: "transport is a major issue in our area, there is no real transport available if you do not drive yourself, I mean, there is very limited public transport". Limited transport was also an issue for the Aboriginal community. Some participants pointed out that various specialist services were available for Aboriginal Peoples but accessing those services was difficult due to transport issues: "it's hard to get them [Aboriginal clients] to come in or get transport for several weeks in advance".

Theme 3: "Women for Women" - Personal Issues

Most of the participants referred to their past and current personal healthcare needs and the kinds of health services they had sought to access. A key theme that emerges from this is that women have their own "personal issues" which are linked to particular health concerns and the need for related services, such as Pap smear testing, breast screening and mammograms, menopause related

services, maternity care, sexual health services, mental health services, and domestic violence (DV) support.

It is interesting to note that while many of those personal health issues and needs are common or relevant to all women (such as Pap smears and breast screening), some are specific to mainly older cohorts (such as menopause related conditions and homelessness), while others are specific to relatively younger cohorts (such as maternity care, sexual health services and communication style preferences).

For example, one participant said that "lots of older women come here for… you know, menopausal issues". Regarding, homelessness, participants conveyed, "women in their 50's and 60's and 70's, some are living in their cars around us… [or] couch surfing", and "we have women my age sleeping rough".

Regarding the needs of younger women, one participant identified, "we have got lots of teenage pregnancy". Another said "Well, the youth you do get very concerned about, young mothers trying to cope in these harsh times where everything is so expensive." In contrast, on the matter of maternity care and sexual health services, one participant stated "that sort of stuff does not really apply to me. I am too old for that now - and thank God. Those days are over."

There were also differences in communication style preference between older and younger cohorts. For example, one participant said, "younger people prefer getting a text message about a reminder, whereas the older generation still likes a letter in the post". Participants also expressed the general view that younger people were more engaged with and responsive to communication via social media. Hence a key sub-theme that emerged relates to the distinct needs of older versus younger cohorts of women, while further highlighting the broad range and complexity of women's healthcare needs.

Another important sub-theme is Aboriginal health. Several participants pointed out that there were healthcare services that catered specifically to the needs of Aboriginal Peoples, a cohort facing unique healthcare challenges. For example, a participant said that there were "quite a few places up here for Aboriginal Peoples only" and another pointed out that specialist "Closing the Gap" services were available (Australia Department of the Prime Minister and Cabinet, 2020; Commonwealth of Australia, 2020). However, as stated previously, participants highlighted challenges pertaining to difficulties in accessing services for Aboriginal women due to distance and travel requirements.

The theme of "Personal Issues" indicates a need for more dedicated health services that cater to the needs of women and their individual differences, particularly those related to age group, personal limitations, and Aboriginal Peoples' health. Indeed, it appears that all the themes and sub-themes discussed in this section (and above) point to the need for a "women-centred" approach to women's health services, which we describe in the following section.

Theme 4: “Services by women for women shows sensitivity to women’s issues” - A Need for Women-Centred Care

Participant responses indicated that a key theme was the need for “women-centred care”, with several different sub-themes providing insight into what is required for the provision of such care. Some of those sub-themes were already described above, but there were also many additional sub-themes to emerge. One that stands out is having female personnel to deliver relevant women’s health services, particularly for gynaecological services, with most participants stating that they prefer to be treated by a female: “it's so good to go to a woman about women's health. It’s pretty weird to me going to a male doctor or nurse clinician for Pap smear.” Some participants also highlighted that women may be deterred from seeking health services if they are not treated by female staff: “they just do not feel comfortable having a male doctor examine them or discussing those sorts of things”. Where possible, many participants expressed a preference to seek female services provider (such as those found in women’s health clinics): “I prefer to go to a service like that, because I would be dealing with a female nurse”.

Several sub-themes related to the benefits of and the positive experiences associated with women’s health clinics also emerged. One of those is sensitivity to women’s needs, in which some participants stated that they felt more comfortable going to a women’s health clinic than their local doctor’s surgery. Some of those needs pertain to theme of personal issues discussed above, but in addition to those is the need for appropriate communication and rapport with health service providers: “it was private [and] quiet, and you didn't feel rushed in and out like you do in a doctors. You had the time to chat and have that conversation.” One participant said that they were willing to travel long distances to receive such services - “there isn't a clinic here in my town, so I have to drive an hour and a half to go there, but I choose to, because of the specialised services that I receive.”

Two additional and closely related sub-themes were making time to listen and providing unrushed service. Participants said “you didn't feel rushed in and out like you do in a doctors. You had the time to chat and have that conversation” and “I had a 45-minute appointment with the nurse the other day when I had a Pap smear, you would not get that in a doctor's clinic.”

An appreciation of the thoroughness in women’s health services provided by women’s health clinics was evident in several participant responses. For example, one participant stated, referring to a female clinical nurse, “she asked me questions about my health and my psyche no one has ever asked me in my life. And I thought, wow, you really get it, and it was certainly no judgment, or I felt I could have said anything to her. And she would follow up and send me an email of your results, so just really 100% there.”

Related to and expanding on the sub-theme of thoroughness in women’s health service, participants pointed out the need for additional specialist services linked to women’s health, namely, mental health services, drug and alcohol treatment, DV, and housing/shelter. For example, one participant said that there was a need for a service consisting of “people who can help with mental health DV. Just general women’s health”. Another participant said “I think there needs to be more effort and money put into having shelters, or you know, places for people to go in DV situations, or just being

homeless out of for whatever reason." The phrase "one stop shop" also appeared in several participant responses, which not only highlights the link between various women's health issues, but also the need for a holistic approach towards women's healthcare.

Discussion

In 2018, just over half of Australia's population, 51% or 12.6 million people, were female (Australian Institute of Health and Welfare [AIHW], 2019). A report from AIHW (2019), identifies that Australian women experience different health outcomes than males; females have a higher life expectancy and experienced more of their total disease burden due to living with disease rather than dying from disease and injury. They are more likely than males to experience sexual violence and to have multiple chronic conditions (AIHW 2019). The findings in our study are particularly significant for National and NSW Government Policy, informing and underpinning strategies that will improve women's health standards best practice indicators, but similarly applicable to any rural or regional areas focusing, or in need to focus on, women's health.

A key area of need is the promotion and raising awareness of women's health clinics and community health centres where such services for women already exist or ought to be established. Of significance, multiple variables impact on women's and girls' health, such as individual relationships, communities and all levels of government, however the improvement of health outcomes for women and girls is strongly influenced by the contributions made by a wide range of partners, and this research has the potential to exemplify how collaborations between academics, researchers, and clinicians can make a difference to the local community.

The National Women's Health Strategy 2020-2030 (Australian Government Department of Health, 2018) states that for achievement of overall goals and objectives of the Strategy, a strong and continued collaboration with women and girls is required. This specifically includes those from priority populations to ensure they are partners in decision making and that their health needs are central to the ongoing design and delivery of healthcare services (Australian Government Department of Health, 2018). However, according to Reid (2019) there is a dichotomy in service provision where inequality in rural service provision is compromised in favour of urban service provision. The participants in this project reported fewer accessible and not easy to find services. The findings point to a reality that contradicts the governments strategic planning in this area, and it appears that the translation into women's realities is not present, particularly for rural areas such as those included in this study.

The benefits and positive experiences of existing women's health clinics that participants reported provide a compelling reason for the establishment of additional clinics in appropriate regional locations. The women in this study also reported the need for women friendly specialist services such as mental health services, drug and alcohol treatment, DV, housing/shelter, and Aboriginal clinics. Importantly, the National Women's Health Strategy 2020-2030 states that it aims to recognise and respond to the differences in health outcomes between women and men and between different groups of women and girls within our population, must be an ongoing focus of

policy and health systems efforts across Australia (Commonwealth of Australia, 2018). This is particularly so for Aboriginal women and girls who are more likely to experience significantly poorer health and health outcomes than non-Aboriginal women and girls (Commonwealth of Australia, 2018). In recognising the pivotal role Aboriginal women have in their communities, and that to thrive, to be healthy and well, their voices need to be heard.

Advocacy for improving women's health citing the benefits of women specialist services is a continuing process. Workers within the health system are often powerless to lobby for improved services and rely on peek organisations to lobby the Australian government to improve health outcomes for women (Australian Women's Health Network, 2021; Baum et al., 2013; Equality Rights Alliance, 2021). However, advocacy is impacted on by the current political status making long term strategies challenging (Baum et al., 2013). It is vital that evidence-based research such as this project contributes to the body of knowledge drawn upon to influence policy and funding streams.

Women in this study described their need to travel long distances to attend women's health clinics located outside of their local rural and remote community. This resulted in adding an additional and significant barrier of distance to their access to specialist women's health services. The Social Determinants of Health recognise that social and physical environments impact on health which include access to healthcare and transport options (Office of Disease Prevention and Health Promotion, 2020). Women in metropolitan areas do not experience the same level of distance barriers to services highlighting the disparity in service provision in Australia. Rural areas are persistently and systematically disadvantaged due to access and transport barriers which can impact on women's health. According to Reid (2019) the 'real' determinants of rural health are unacknowledged, invisible and are impacted on by the politics and economics of a region, making them socially and culturally distinct from metropolitan areas. This results in bias or a set of forces that persistently disadvantages those living in rural areas highlighting inequalities in healthcare (Reid, 2019). Clearly there is a need for access to adequate public transport for women who have difficulty or are unable to arrange private transport themselves. The establishment of more clinics could obviate the need for extensive investment in public transport.

Overall this research has touched on a number of areas emerging to focus on improving health equity for women in Australia, such as to increase access to women's health services, acknowledge cultural impacts, break the cycle of invisibility of women's health needs, and to reduce gender inequalities. Strengths of this research includes the clinician-researcher partnerships enabling researchers to draw on both clinical and research experiences. Limitations encompass settings and women's experiences in this research may not be representative of all rural areas of Australia. Additionally, this study recruited clinicians who appeared interested and motivated to research and omitted clinicians hesitant to research. This uniformity may have provided different perspectives and contributed to different interpretation of findings.

Conclusion

This study contributes to a greater understanding of the experience of women living in rural and regional areas of NSW, Australia.

There were mutual benefits of having a collaborative partnership between academic researchers, clinicians, and industry partners. Participation in this study by clinical nurses and industry partners, was not only an opportunity for professional development, it also ensured that the study was conducted in a clinically informed and rigorous manner.

At a local level, our findings enable policy makers to see women's health needs from the standpoint of rural and regional NSW women. With a more complete understanding of human experiences, policymakers can make better decisions about primary health policy that are fairer and that can improve the lives of rural and regional women in NSW. Our findings may also be applicable to other similar national rural and regional areas both in Australia and other areas globally working to improve women's health.

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Disclosure Statement

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Table 1. Themes and Key Sub-themes

Themes	Key Sub-themes	Example of Participant Responses
Theme 1: Knowledge and Awareness of Services • Captures what women know about the health services they need and their awareness of what services are available in their region	• Understanding of own healthcare needs • Mental health needs of women • Lack of awareness of services • Lack of promotion of services • Reliance on doctors (GPs)	• "they [services] do meet my needs, and it would be frightening if they weren't maintained or thought necessary" • "I do not think enough women know about the services."
Theme 2: Barriers to Access • Captures both intrinsic and extrinsic barriers that exist which prevent women from accessing suitable health services	• Cost of health services • Distance to travel • Insufficient staff • Lack of awareness/promotion of services • Limited availability of services/times • Lack of GP referrals • Sensitivity to women's needs	• "they have got to also pay for the petrol to get there or pay a neighbour to drive them" • "It's taken a couple of months to get an appointment in another adjoining town." • "it makes you feel that outside of metropolitan areas the rest of us don't matter"
Theme 3: Personal Issues • Captures commonalities and individual differences between women in terms of their past and current healthcare needs and their personal limitations	• Past and current healthcare needs • Need for related services • Older versus younger cohorts • Personal limitations • Indigenous Healthcare	• "lots of older women come here for… you know, menopausal issues". • "we have got lots of teenage pregnancy"
Theme 4: Women-Centred Care	• Female personnel	

• Captures the need for a nuanced women's health service provision that caters to the unique needs of women as as individuals and as a collective within their rural and regional community	• Sensitivity to women's needs • Time to listen • Unrushed service • Thoroughness in women's health service • Holistic approach to women's healthcare	• “it's so good to go to a woman about women's health. It’s pretty weird to me going to a male doctor or nurse clinician for pap smear.” • “I think there needs to be more effort and money put into having shelters, or you know, places for people to go in domestic violence situations, or just being homeless.”

Table 2. Interview questions.

1.	What women's health issues do you consider to be the most prevalent in your area?
2.	Who do you think are the main key players/service providers in women's health in your area?
3.	What changes have you seen in women's health service provision in your area?
4.	What programs do you know about for women's health in your area?
5.	What women's health programs would you like to see more of in your area?
6.	Please describe some experiences you have had when accessing women's health services in your local area?